



**ALABAMA DEPARTMENT OF INSURANCE  
TEMPORARY LICENSE DISCLOSURE FORM**

**My signature below shows that I understand the following:**

**I may hold a Temporary License in a single line of authority for a combined total period of six (6) months in my lifetime. When that six (6) month period is used up, I cannot again have a Temporary License in that same line of authority.**

**I must have an insurance company appointment to use a Temporary Producer License. If I or the appointing company cancels the appointment before the six (6) month period is used up, I can receive another Temporary License and appointment for any time remaining on the six (6) months.**

**The point of a Temporary License is to give me time to work under the supervision of an insurer while completing the prelicensing course and signing up for the examination needed for a permanent insurance Producer license.**

**I am applying for an Alabama TEMPORARY PRODUCER LICENSE. An insurance company may use information I have given it to submit the application on my behalf.**

**Signed: \_\_\_\_\_**

**Print Name: \_\_\_\_\_**

**Date: \_\_\_\_\_**